



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR INDEPENDENT AND POLITICAL COMMITTEES (PAC'S)

1. Committee ID #:

2. Type of Filing:

☒ Original

☐ Amendment to Items: _____ Eff. Date: _____

3a. Full Name of Committee-Must include affiliate or sponsor:

Macomb Businesses United

3b. Acronym or Abbreviation (If any):

3c. Are you a Separate Segregated Fund (SSF)? ☐ YES ☒ NO

3d. If YES, the sponsor is a: ☐ Corporation ☐ Labor Organization ☐ D.D.S.
The sponsor's name is:

4. Complete Comm. Mailing Address (May be PO Box):

32068 Margaret Court
Warren, MI 48093

4a. Complete Comm. Street Address (May not be PO Box):

Same

5. Date Committee was Formed in MI: 05/19/06

6a. Committee Phone #: (586) 413-6868

6b. Committee Fax #: (586) 264-1858

6c. Committee E-mail Address: gust_0162@msn.com

7. Treasurer Name and Complete Address:

Gust Ghanam
32068 Margaret Court
Warren, MI 48093

☐ OUT-OF-STATE COMMITTEE TREASURER IRREVOCABLE WRITTEN STIPULATION:

I stipulate and agree that any legal process affecting this committee served on the Secretary of State or an agent designated by the Secretary of State shall have the same effect as if personally served on me and all other principals of this committee. I further agree that this appointment shall remain in force as long as any liability of this committee remains outstanding within the State of Michigan.

Phone #:

E-mail Address:

8. Committee Type (Check one): ☒ Independent ☐ Political (Must observe the same contribution limits that apply to individuals unless and until an amendment is filed changing the committee type to Independent.)

9. Designated Record Keeper Name and Complete Address:

Gust Ghanam
32068 Margaret Court
Warren, MI 48093

Phone #:

(586) 413-6868

E-mail Address: gust_0162@msn.com

10. ☐ REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in a calendar year and checks this box; the filing requirement of pre, post, annual, triannual and quarterly campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.

11. Name and Address of Depositories or Intended Depositories of committee funds.

a. Official Depository

Flagstar Bank
13427 15 Mile Road
Sterling Heights, MI, 48312-4212

b. Secondary Depository

12. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to PAC's that file with the County Clerk's office.

The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement.

☐ Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.

** OR **

☐ Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.

13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date below)

Current Treasurer:

Gust Ghanam 05/19/06

Designated Record Keeper (Required only if filing electronically):